



**Instructions:** This form is only valid when completed by the Structural Pest Inspector's **Insurance Agent**. For new licenses, this form must be submitted **BEFORE** the Structural Pest Inspector category can be issued. For existing licenses, it must be submitted by the expiration date of the Inspector's insurance policy or that category is automatically suspended.

As of July 1, 2000, Washington pesticide law (Chapter 15.58 RCW) requires that all Structural Pest Inspectors provide proof of financial responsibility. Inspectors must have a surety bond in the amount of \$25,000 or errors and omissions insurance in the amount of \$50,000. The insurance policy must on a per occurrence basis and it must carry a minimum 3-year occurrence clause. The maximum deductible is \$5,000. **Use this form to report the insurance policy; there is a separate form for reporting a surety bond that can be obtained from WSDA.**

<p><b>The following described Insurance Policy has been issued and is in full force and effect as set forth below:</b></p>	
<p>NAME AND ADDRESS OF INSURED</p>	<p>NAME OF INSURANCE COMPANY</p>
	<p>POLICY NUMBER</p>
	<p>LIMIT OF COVERAGE</p>
<p>NAME AND ADDRESS OF LOCAL AGENT</p>	<p>Is this policy written on an occurrence basis? <input type="checkbox"/> Yes</p> <p>Does this policy have a minimum 3-year occurrence clause? <input type="checkbox"/> Yes</p>
	<p>DEDUCTIBLE</p>
	<p>POLICY PERIOD:</p>
	<p>FROM: TO:</p>
<p>TELEPHONE NUMBER ( )</p>	

[illegible]

It is agreed that the company will file with the Department of Agriculture WITHIN TEN DAYS copies of any and all endorsements extending, restricting, changing, cancelling or renewing the aforementioned coverage. Whenever requested by the Department, the company agrees to furnish a copy of said policy and all endorsements thereon. Please notify the Department if this client fails to meet the deductible clause in any legal claim.

I certify that I have legal authority to act for \_\_\_\_\_; that said company is a direct representative of the Underwriters and not a local agent; and that said company is qualified to do business in the state of Washington; and that the insurance coverage is placed through a properly licensed agent in Washington.

Authorized Agent (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Return this original document to the Department of Agriculture (address above). A copy or a facsimile of this form is not acceptable. A license will not be issued without receipt of this original document.**